

Retro Hartford STD payment Payroll Processing for PRC

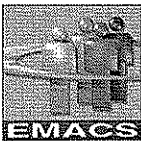
- 1. For overall Hartford STD payment processing, refer to EMACS website < Training < Hartford STD Payroll Processing**
- 2. Identify retro payment using, Hartford payment Explanation of Benefits Summary (EOB)**
 - ☐ EOB is paying for dates prior to the current pay period being processed
- 3. Calculate STD hours paid by Hartford by using the STD Calculator**
- 4. Complete Payroll Adjustment (Miscellaneous) for each prior pay period Hartford payment received**
 - ☐ Include Time sheet amendment
 - ☐ Include recovery letter if recovery is over \$25.00.
 - ☐ Submit all documents to EBSD - Hospitality
 - ☐ You may submit multiple PA's to include the entire Hartford payment.
 - The multiple Payroll Adjustment process is only for Hartford payments adjustments - No Other PA's can be sent in this manner.
- 5. Payroll Adjustment Samples**
 - ☐ **Sample 1**
 - Employee paid 40 hours of SCK (PSL) each week
 - Hartford payment equates to 22 hours each week
 - Recovery letter should be completed
 - Requested changes each week should be PSL -22.00 hours; HSF + 22.00 hours
 - ☐ **Sample 2**
 - Previous Hartford payment received previously paid 3 hours for week 1 and 6.50 hours for week 2
 - Additional Hartford payment received paying another 15.50 hours for a total of 22.00 hours for week 2
 - Employee is now eligible for full integration
 - Employee is overpaid 3 hours of vacation in week 2
 - Recovery letter should be completed

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- Requested changes should reflect full integration for week 1 and week2.
- ☐ **Sample 3**
 - Hartford payment received paying a total of 22.00 hours each week
 - Employee does not have enough leave to fully integrate
 - Recovery letter is not needed in this instance
 - Payroll Adjustment completed for record purpose only taking away WOPSK (UPS) and showing Hartford payment (HSP)
 - PA should be completed in this instance to allow employee to receive eligible benefits.
- ☐ **Submit all documents to EBSD-Hospitality for validation**
- 6. Recovery Letter Template (Sample 4)**
 - ☐ **AAA: List dates from EOB**
 - ☐ **BBB: Gross amount received by Hartford**
 - ☐ **CCC: Overpayment amount**
 - ☐ **DDD: Same amount as in CCC above**
 - ☐ **EEE: The pay period in which the 15th calendar day falls should match the PA. Example: Letter sent on 10/30/09, 15th calendar days will be 11/14/09; this recovery will start in pay period 24/09 which is paid on 12/2/09.**
 - ☐ **FFF: List the Wednesday pay date of the pay period listed in EEE**
 - ☐ **GGG: The number of pay periods the recovery will be taken**
 - ☐ **Recovery letter template will be put on the EMACS website**
- 7. Employee pays back by personal check**
 - ☐ **EMACS Payroll will change the coding of the original PA (sample 5)**
 - ☐ **Change coding of PSL to ASL +22.00 hours (return sick leave)**
 - ☐ **HSF stays the same (allows tracking of full integration)**
 - ☐ **Code ALA -22.00 hours (to offset leave accrual that the employee has already received)**
 - ☐ **Copy of changed PA will be sent to department payroll clerk for your record**

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- ☐ **Year to Date adjustment will be completed to correct employee W-2 earning, if pay back within the same calendar year as the overpayment**
 - ☐ **Benefits of employees paying back by personal check**
 - **Overpaid leave will be returned on the next On-cycle pay period**
 - **Leave returned may be used right away**
 - **Will not affect deduction in future pay period**
e.g. Retirement, health, dental, etc.
 - **Pay back with money in hand (Hartford payment) instead of reducing future earning**
- 8. EMACS-Payroll process**
- ☐ **EMACS-Payroll will not take action on the recovery until after the 15 calendar days.**
 - ☐ **Employees may request a hardship per MOU guidelines. Hardship letters must be received in EMACS Payroll no later than the 15th calendar day to be effective for the recovery pay period listed on the letter.**
 - **Hardship letters should be faxed or mailed to EMACS-Payroll attention Hartford STD desk.**
 - ☐ **Recovery will be taken as given (per pay period)**
- 9. Effective date**
- ☐ **This process is effective for all EOB's dated on or after 10/24/2009**
- 10. Corrections involving STP/STF will continue to be processed by EBSD-Hospitality.**
- 11. Current pay period HSP/HSF must be coded by DTA deadline or by submitting amended TLR (non-eTime departments only).**



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

PAYROLL ADJUSTMENTS - MISCELLANEOUS

(Time Sheet Amendment REQUIRED)

Term Eff. Date: _____

☐ Military Leave

☐ SDI

☒ STD

☐ WC

Must print in Black or Blue ink ONLY

Employee ID D9999	RCD NO 0	Last Name, First Name Duck, Donald	Pay Period(s) 20/09
Company SBC	Pay Group C07	Department Name ACR	Dept ID 32710

*Attach Leave Accrual and Adjustment Worksheet if reducing paid hours (reducing accruals)
or if going back 3 or more confirmed pay periods adjusting leave time

Leave Type
Prior Balance
Current
Balance

SCK	VAC	HOL	COMP	ADM	ANN/ATY		Pay Period

WEEK	From Query / Paycheck Data		Paycheck Data Should Be		Pay Period Dates		Requested Changes(s)	
	Earn Codes	Unit/Dollars	Earn Codes	Unit/Dollars	Begin	End	Earn Codes	Unit/Dollars
1	PSL	40.00	PSL	18.00	9/12/09	9/18/09	PSL	(22.00)
1			HSF	22.00	9/12/09	9/18/09	HSF	22.00
2	PSL	40.00	PSL	18.00	9/19/09	9/25/09	PSL	(22.00)
			HSF	22.00	9/19/09	9/25/09	HSF	22.00

REASON FOR REQUEST: Hartford payment cause County overpayment

Payroll Specialist Name (Print & Sign) Mary Jones	Date 10/5/09	Telephone (909) 123 - 1452	Mail Code 0030
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Appointing Authority or Designee Signature (Print & Sign) Jane Doe

Office Use Only

<u>Workgroup</u>	<u>Recovery Letter</u>	<u>Run Query</u>	<u>Review Amendment</u>	<u>Review Leave</u>	<u>Review Signature</u>
<u>Review PA</u>	<u>Verified By</u>	<u>2nd Review</u>	<u>Keyed By</u>	<u>Date/Pay Period</u>	<u>PR Friday Review By</u>

DISTRIBUTION: Original - EMACS-Payroll (0030)
Original for STD - EBSD-HR Hospitality
Copy - Department

Sample 1



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

Time Sheet Amendment

For ALL Payroll Adjustments & On Demand Warrants

Duck, Donald

0

C07

32710

9/25/2009

EMPLOYEE NAME

RECORD #

PAY GROUP

DEPT ID

PAY PERIOD END DATE

☐ Non 9:00 Schedule

☐ 24 Hour Facility

☐ 1st Monday Off

☐ 1st Friday Off

☐ 2nd Monday Off

☐ 2nd Friday Off

I CERTIFY THAT ALL INFORMATION RECORDED HEREON IS CORRECT AND THAT LEAVE BALANCES ARE AVAILABLE

Indicate work schedule

WEEK 1							
SAT	SUN	MON	TUE	WED	THU	FRI	
09/12/09	09/13/09	09/14/09	09/15/09	09/16/09	09/17/09	09/18/09	Total
		8.00	8.00	6.00	8.00	8.00	22.00
				2.00			18.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

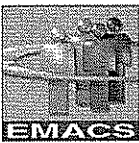
WEEK 2							
SAT	SUN	MON	TUE	WED	THU	FRI	
09/19/09	09/20/09	09/21/09	09/22/09	09/23/09	09/24/09	09/25/09	Total
		8.00	8.00	6.00			22.00
				2.00	8.00	8.00	18.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
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							0.00
							0.00
							0.00
							0.00
							0.00
0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

I CERTIFY THAT ALL INFORMATION RECORDED HEREON IS CORRECT

PAGE 1 OF 1

AUTHORIZING SIGNATURE

Sample 1a



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

PAYROLL ADJUSTMENTS - MISCELLANEOUS

(Time Sheet Amendment REQUIRED)

Term Eff. Date: _____ ☐ Military Leave ☐ SDI ☒ STD ☐ WC

Must print in Black or Blue ink ONLY

Employee ID M9999	RCD NO 0	Last Name, First Name Mouse, Minnie	Pay Period(s) 20/09
Company SBC	Pay Group C07	Department Name ACR	Dept ID 32710

*Attach Leave Accrual and Adjustment Worksheet if reducing paid hours (reducing accruals)
or if going back 3 or more confirmed pay periods adjusting leave time

Leave Type
Prior Balance
Current
Balance

SCK	VAC	HOL	COMP	ADM	ANN/ATY		Pay Period

WEEK	From Query / Paycheck Data		Paycheck Data Should Be		Pay Period Dates		Requested Changes(s)	
	Earn Codes	Unit/Dollars	Earn Codes	Unit/Dollars	Begin	End	Earn Codes	Unit/Dollars
1	HSP	3.00	HSF	3.00	9/12/09	9/18/09	HSF	3.00
1	PSL	3.75	PSL	3.75	9/12/09	9/18/09	HSP	(3.00)
1	PVC	33.25	PVC	33.75	9/12/09	9/18/09		
2	HSP	6.50	HSP	0.00	9/19/09	9/25/09	HSP	(6.50)
2		0.00	HSF	22.00	9/19/09	9/25/09	HSF	22.00
2	PVC	21.00	PVC	18.00	9/19/09	9/25/09	PVC	(3.00)
2	UPS	12.50	UPS	0.00	9/19/09	9/25/09	UPS	(12.50)

REASON FOR REQUEST: Additional Hartford payment caused County overpayment, employee fully integrating

Payroll Specialist Name (Print & Sign) Mary Jones	Date 10/7/09	Telephone (909) 245 - 6655	Mail Code 0030
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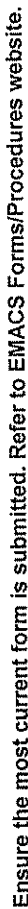
Appointing Authority or Designee Signature (Print & Sign) Jane Doe

Office Use Only

<u>Workgroup</u>	<u>Recovery Letter</u>	<u>Run Query</u>	<u>Review Amendment</u>	<u>Review Leave</u>	<u>Review Signature</u>
<u>Review PA</u>	<u>Verified By</u>	<u>2nd Review</u>	<u>Keyed By</u>	<u>Date/Pay Period</u>	<u>PR Friday Review By</u>

DISTRIBUTION: Original - EMACS-Payroll (0030)
Original for STD - EBSD-HR Hospitality
Copy - Department

Sample 2



Time Sheet Amendment

For ALL Payroll Adjustments & On Demand Warrants

Mouse, Minnie	M9999	0	SBC	C07	32710	9/25/2009
EMPLOYEE NAME	EMPLOYEE ID	RECORD #	COMPANY	PAY GROUP	DEPT ID	PAY PERIOD END DATE

I CERTIFY THAT ALL INFORMATION RECORDED HEREON IS CORRECT AND THAT LEAVE BALANCES ARE AVAILABLE

Indicate work schedule

EMPLOYEE SIGNATURE

[illegible]2. **Методика**[illegible]

I CERTIFY THAT ALL INFORMATION RECORDED HEREON IS CORRECT

PAGE
OF

AUTHORIZING SIGNATURE

Distribution: EMACS-Payroll - 0030

REV 7/30/09

Sample 2a



For ALL Payroll Adjustments & On Demand Warrants

I CERTIFY THAT ALL INFORMATION RECORDED HEREON IS CORRECT AND THAT LEAVE BALANCES ARE AVAILABLE

Non 9/80 Schedule		24 Hour Facility		Indicate work schedule	
<input type="checkbox"/>	1st Monday Off	<input type="checkbox"/>	1st Friday Off	↓	
<input type="checkbox"/>	2nd Monday Off	<input type="checkbox"/>	2nd Friday Off		

EMPLOYEE SIGNATURE

WEEK 1							
SAT	SUN	MON	TUE	WED	THU	FRI	
09/12/09	09/13/09	09/14/09	09/15/09	09/16/09	09/17/09	09/18/09	Total
		8.00	8.00	6.00			22.00
				2.00	8.00		10.00
						5.00	5.00
						3.00	3.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00

WEEK 2										Pay period Total
SAT	SUN	MON	TUE	WED	THU	FRI	TRC			
09/19/09	09/20/09	09/21/09	09/22/09	09/23/09	09/24/09	09/25/09	Total			
		8.00	8.00	6.00			22.00	HSP	44.00	
							0.00	SCK	10.00	
							0.00	VAC	5.00	
				2.00	8.00	8.00	18.00	WOPSK	21.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
0.00	0.00	8.00	8.00	8.00	8.00	8.00	40.00		80.00	

I CERTIFY THAT ALL INFORMATION RECORDED HEREON IS CORRECT

PAGE 1 OF 1

AUTHORIZING SIGNATURE

Distribution: EMACS-Payroll - 0030

REV 7/30/09

Sample 3a

10/20/09

Employee Name
Employee Address
City, State Zip

**RE: RECOVERY PLAN FOR OVERPAYMENT OF LEAVE INTEGRATED WITH
HARTFORD DISABILITY PAYMENT(S)**

Your leave integration for dates AAA along with the gross STD payment you received from Hartford in the amount of \$BBB exceeded 100% of your base salary.
The overpaid amount of \$CCC is now due and payable to the County of San Bernardino.

According to the Consolidated Memorandum of Understanding (MOU) the maximum amount an employee receives from integrating leave time with disability payments shall not exceed 100% of the employee's base salary. Per the MOU, "The employee shall be obligated to repay, by payroll recovery, the amount of overpayment within the time frame the overpayment was received by the employee."

You have two options to make this payment:

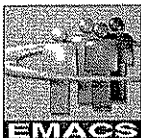
1. Submit a personal check or money order in the amount of DDD payable to: County of San Bernardino, EMACS/Payroll 3rd Floor; 222 W. Hospitality Lane; San Bernardino, CA 92415-0030. Please submit your payment within 15 calendar days of this letter.
2. If we do not receive payment by the deadline, the recovery will be taken against your future earnings. The recovery will begin in pay period EEE for the Pay Day of FFF. It will continue for GGG pay periods, the same number of pay periods you received overpayment, or until the entire amount has been repaid in full. If you terminate your employment with the County of San Bernardino during this process, please be advised that we will attempt to take the balance against your final check. Any remaining balance will be forwarded to Central Collection for payment arrangement.

If you have any questions, please call EMACS Payroll at (909) 386-8907.

Sincerely,

Department Representative
Title
Department Name

Sample 4



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

PAYROLL ADJUSTMENTS - MISCELLANEOUS

(Time Sheet Amendment REQUIRED)

Term Eff. Date: _____

☐ Military Leave

☐ SDI

☒ STD

☐ WC

Must print in Black or Blue ink ONLY

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Company SBC	Pay Group C07	Department Name ACR	Dept ID 32710

*Attach Leave Accrual and Adjustment Worksheet if reducing paid hours (reducing accruals)
or if going back 3 or more confirmed pay periods adjusting leave time

Leave Type
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Current
Balance

SCK	VAC	HOL	COMP	ADM	ANN/ATY		Pay Period

WEEK	From Query / Paycheck Data		Paycheck Data Should Be		Pay Period Dates		Requested Changes(s)	
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1			HSF	22.00	9/12/09	9/18/09	HSF	22.00
2	PSL	40.00	PSL	18.00	9/19/09	9/25/09	PSL	(22.00)
			HSF	22.00	9/19/09	9/25/09	HSF	22.00
			employee paid by personal check 10/10/09 check # 3351 db		9/12/09	9/18/09	ASL	22.00
					↓	↓	HSF	22.00
							ALA	<22.00>
					9/19/09	9/25/09	ASL	22.00
					↓	↓	HSF	22.00
							ALA	<22.00>

REASON FOR REQUEST: Hartford payment cause County overpayment

Payroll Specialist Name (Print & Sign)

Mary Jones

Date

10/5/09

Telephone

(909) 123 - 1452

Mail Code

0030

Appointing Authority or Designee Signature (Print & Sign) Jane Doe

Office Use Only

Workgroup	Recovery Letter	Run Query	Review Amendment	Review Leave	Review Signature
Review PA	Verified By	2 nd Review	Keyed By	Date/Pay Period	PR Friday Review By

DISTRIBUTION: Original - EMACS-Payroll (0030)
Original for STD - EBSD-HR Hospitality
Copy - Department

Sample 5